IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ROME DIVISION

IN RE:	)	**CHAPTER 11**
	)	
HUTCHESON MEDICAL CENTER, INC., et al.,	)	**Jointly Administered Under CASE NO. 14-42863-pwb**
	)	
Debtors.	)	

503(b)(9) REQUEST FORM

Name of Creditor	KIRWAN SURGICAL PRODUCTS LLC
Address	180 ENTERPRISE DR.
City, State, Zip	MARSHFIELD, MA 02050
Country	USA
Account Number	D2582
Contact: Name	Flo Grady
Phone	781-834-9500
Email	fgrady@ksp.com

1. This Company sold goods (such as inventory or supplies) to one or more of the following Debtors: Hutcheson Medical Center, Inc. and Hutcheson Medical Division, Inc. on orders placed before November 20, 2014 and shipped on or before November 20, 2014.

2. To the best of this Company's knowledge, information and belief, the goods were received by the following Debtor within twenty (20) days before November 20, 2014:

✓ Hutcheson Medical Center, Inc.
____ Hutcheson Medical Division, Inc.

3. For each shipment included in this Company's claim for these shipments, state:

FILED
MAR 09 2015
BMC GROUP

Hutcheson Med POC
00146

	Date Each Shipment Left This Company's Loading Dock, Factory, Warehouse, Pier, Etc.	Date Each Shipment Delivered to Debtor's Warehouse or Store	Amount of Claim for Each Shipment	All Available Documents Relating to Each Shipment Are Attached to This Request Form (Yes/No)
1	July 7, 2014	July 9, 2014	$190.17	YES
2				
3				
4				
5				
6				
7				
		Total Claim:	$190.17	

(Continue on another sheet if you shipped more than 7 shipments during the time period for which you assert a 503(b)(9) Claim.)

THIS FORM, PROPERLY COMPLETED, AND ALL ATTACHMENTS, MUST BE FILED WITH THE DEBTORS' CLAIMS AGENT AS FOLLOWS:

If by overnight or hand delivery:

BMC Group
Attn: Hutcheson Medical Center, Inc. Claims Processing
300 N. Continental Blvd., #570
El Segundo, CA 90245

If by First Class Mail:

BMC Group
Attn: Hutcheson Medical Center, Inc. Claims Processing
PO Box 90100
Los Angeles, CA 90009

YOU ARE ENCOURAGED TO CONSULT YOUR ATTORNEY REGARDING THE LAW, YOUR LEGAL RIGHTS, THE MEANING OF TERMS USED IN THE BANKRUPTCY CODE, THIS REQUEST FORM AND THE ACCOMPANYING 503(b)(9) NOTICE.

03-04-15	Florence A Brady	Acct Mgr
DATE	SIGNATURE	TITLE

PENALTY FOR FRAUDULENT CLAIM IS FINE UP TO $500,000.00 OR IMPRISONMENT UP TO 5 YEARS OR BOTH. TITLE 18 U.S.C. § 152

KIRWAN® SURGICAL PRODUCTS LLC
180 ENTERPRISE DRIVE, MARSHFIELD, MA 02050 USA
TEL: (781) 834-9500 · FAX: (781) 834-0022 · www.ksp.com

Invoice No: 0000254265

Invoice Date: 07/07/2014

INVOICE

Customer No: D2582
Customer Phone: 706-858-2390

Your Order No: 07807
Our Order No: K407556-0000

Bill To:

HUTCHESON MEDICAL CENTER
ATTN: ACCTS PAYABLE
100 GROSS CRESCENT CIRCLE
FORT OGLETHORPE GA
30742 USA

Ship To:

HUTCHESON MEDICAL CENTER
ATTN: RECEIVING DEPT
100 GROSS CRESCENT CIRCLE
FORT OGLETHORPE GA
30742 USA

Terms: Cash #1: Disc:
Cash #2: Disc:
Net Due Date: 080614

Shipped: 070714
Shipped Via: FDX GRD
F.O.B.: MARSHFIELD MA
Shipment No: 000190381 Ref:

Your Customer Rep Is: MAS

Pro No:

Ordered Qty	Shipped QTY	Back-ordered Qty	Item Number		Unit Price	Extd Price
10	10	0	14-3000		17.80	178.00
FCP,DISP JEWEL/IRIS BP STR.4MM STER						
LOT:	040414		QTY:	10		
			FREIGHT			12.17
0	1	0	HANDLING		0.00	0.00

SEE RETURN POLICY ON BACK.

SALES TOTAL:	178.00
SALES TAX:	0.00
FREIGHT:	12.17
LESS:	0.00
OTHER CHARGES:	0.00
INVOICE TOTAL:	190.17

Neuro

FILE COPY

March 4,2015

Dear Customer:

The following is the proof-of-delivery for tracking number **002536950005799**.

Delivery Information:

Status:	Delivered	**Delivery location:**	Fort Oglethorpe, GA
Signed for by:	SHEATHLERY	**Delivery date:**	Jul 9, 2014 10:37
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	002536950005799	**Ship date:**	Jul 7, 2014
		Weight:	0.8 lbs/0.4 kg

Recipient:
FORT OGLETHORPE, GA US

Shipper:
MARSHFIELD, MA US

Reference k407556

Thank you for choosing FedEx.

KIRWAN® SURGICAL PRODUCTS LLC
180 ENTERPRISE DRIVE, MARSHFIELD, MA 02050 USA
TEL: (781) 834-6600 FAX: (781) 834-6022

Function:PICK

CUSTOMER ORDER PICKLIST

CO NUMBER	CSR	ORD STA	CO REV DATE	CUSTOMER PO NUMBER
K407556	MAS	REL	070714	07807

SOLD TO CUST ID: D2582
HUTCHESON MEDICAL CENTER
ATTN: ACCTS PAYABLE
100 GROSS CRESCENT CIRCLE
FORT OGLETHORPE GA
30742 USA

SHIP TO ID: 000000
HUTCHESON MEDICAL CENTER
ATTN: RECEIVING DEPT
100 GROSS CRESCENT CIRCLE
FORT OGLETHORPE GA
30742 USA
SHIP VIA: GRD

LN#	LN# TYPE	REQD DATE	UM	ITEM	ORDER QUANTITY	ISSUED QUANTITY	REMAINING REQUIRED QUANTITY
001	C	070714	EA	14-3000	10	0	10

Desc: FCP,DISP JEWEL/IRIS BP STR.4MM STER

Lot Number	Mfg Date	Quantity	Stk	Bin	IC	Issue Quantity	Shipping Stk	Bin
040414	040714	2,340	01	04	O	10		
050814	050614	4,000	01	04	O			
060314	053014	4,000	01	04	O			
070314	062314	4,000	01	04	O			

ORDER VERIFICATION LABEL — Initial / Date
Product Codes & Lot #'s Verified — DM / 7-7
Order packed by — DM / 7-7
Ship address label same as Customer Pick — KW / 7/7
MF-1503-02 Rev 00

Invoice:	Date : 07Jul14	Shipping :	7.17
Customer : k407556	Weight : 0.8 LBS	Special :	0.50
Ttl pkgs: 1	COD :	Handling :	4.50
Dept :	DV : 100.00	Total :	12.17

Svcs: GND PPD
TRCK: 002536950005799

KIRWAN SURGICAL PRODUCTS, LLC
180 ENTERPRISE DRIVE
MARSHFIELD, MA 02050 USA

BROCKTON MA 023
04 MAR 2015 PM 4 T

RECEIVED
MAR 09 2015
BMC GROUP

BMC Group
Attn: Hutcheson Medical Ctr, Inc. Claims Processing
P.O. BOX 90100
Los Angeles, CA
90009

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